# U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

# **ELEVATION CERTIFICATE**

**IMPORTANT:** Follow the instructions on pages 1–9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

SECT	FOR INSURANCE COMPANY USE		
A1. Building Owner's Name The Housing Authority of	Policy Number:		
A2. Building Street Address (including Apt., Unit, Suite, and 502 Camille Circle			Company NAIC Number:
<sup>City</sup> Waveland	Stat	<sup>e</sup> MS	ZIP Code 39576
A3. Property Description (Lot and Block Numbers, Tax Parce Part of Tax Parcel #162H-0-03-018.00 (building	6)	on, etc.)	
<ul> <li>A4. Building Use (e.g., Residential, Non-Residential, Addition A5. Latitude/Longitude: Lat. <u>30d17'14 4"</u></li> <li>A6. Attach at least 2 photographs of the building if the Cert A7. Building Diagram Number <u>1A</u></li> <li>A8. For a building with a crawlspace or enclosure(s): <ul> <li>a) Square footage of crawlspace or enclosure(s)</li> <li>b) Number of permanent flood openings in the crawlspace or enclosure(s) within 1.0 foot above adjacent grade</li> <li>c) Total net area of flood openings in A8.b</li> <li>d) Engineered flood openings? □ Yes ⋈ No</li> </ul> </li> </ul>	Long, <u>89d22'46.8"</u> ficate is being used to ob	Horizontal tain flood insurance.  A9. For a building with an a a) Square footage of a b) Number of permane within 1.0 foot abov c) Total net area of floo	ttached garage na sq ft ent flood openings in the attached garage re adjacent grade na sq in
	NOUDANGE DATE	d) Engineered flood op	
B1. NFIP Community Name & Community Number	B2. County Nam	MAP (FIRM) INFORMATI	B3. State
City of Waveland 285262	Hancock	е	Ms
B4. Map/Panel Number B5. Suffix B6. FIRM Index 28045C0342 D 10/16/200	Revised Dat	e '	(s) B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
B10. Indicate the source of the Base Flood Elevation (BFE) da	ta or base flood depth en	tered in Item B9:	
☐ FIS Profile ☐ FIRM ☐ Community Determined B11. Indicate elevation datum used for BFE in Item B9:  B12. Is the building located in a Coastal Barrier Resources Sy  Designation Date:/ ☐ CBR	stem (CBRS) area or Oth	/D 1988	
SECTION C – BUILDIN	G ELEVATION INFORM	MATION (SURVEY REQUI	RED)
C1. Building elevations are based on: Construction  *A new Elevation Certificate will be required when const  C2. Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1 C2.a–h below according to the building diagram specifie Benchmark Utilized: GPS RTK-Trimble VRS Netwo Indicate elevation datum used for the elevations in item: Datum used for building elevations must be the same as  a) Top of bottom floor (including basement, crawlspace, b) Top of the next higher floor c) Bottom of the lowest horizontal structural member (V d) Attached garage (top of slab) e) Lowest elevation of machinery or equipment servicing (Describe type of equipment and location in Commen f) Lowest adjacent (finished) grade next to building (HAC g) Highest adjacent grade at lowest elevation of deck or structural support	ruction of the building is of Land and the building is a that used for the BFE.  I wor enclosure floor)  Zones only)  I the building ts)  I make the building ts and the building ts a	A/A, AR/AE, AR/A1-A30, AR/AD only, enter meters.  Datum: NAVD 1988  NGVD 1929 NAVD 1988  Check the race of the control of the	Other/Source: measurement used.  It
			and the second
This certification is to be signed and sealed by a land surveyor information. I certify that the information on this Certificate repr I understand that any false statement may be punishable by fine Check here if comments are provided on back of form.  Certifier's Name Paul A. Liles Title Professional Surveyor	esents my best efforts to it or imprisonment under 1 Were latitude and longitu licensed land surveyor?  Company Name Machado Patano	nterpret the data available. 8 U.S. Code, Section 1001. de in Section A provided by a	SERVEYOR OF THE STATE OF THE ST
Address 1641 Popps Ferry Road, Suite A-4	City Biloxi	State ZIP Code 39532	PS-3174 PS RAME
Signature Laul a. U	Date 05/09/2016	Telephone (228) 388-1950	MISSISSIPPIN

IMPORTANT: In these spaces, copy	the corresponding information from Sect	ion A.		FOR INSURANCE COMPANY USE
	t., Unit, Suite, and/or Bldg. No.) or PO. Ro			Policy Number:
City Waveland	State MS	ZIP Code 39576		Company NAIC Number:
SECTIO	N D - SURVEYOR, ENGINEER, OR	ARCHITECT C	ERTIFICATION (C	ONTINUED)
Copy both sides of this Elevation Cer	tificate for (1) community official, (2) insu	rance agent/com	pany, and (3) building	g owner.
Comments C2a= building slab ele	evation. C2e= air conditioner pad. C2	f and g)=existi	ng grades	
	4	**************************************		H .
Signature Faul a. C	<i>f</i>	Date 05/09/	2016	
SECTION E – BUILDING EL	EVATION INFORMATION (SURVEY)	NOT REQUIRE	D) FOR ZONE AO	AND ZONE A (WITHOUT BFE)
	mplete Items E1–E5. If the Certificate is in favailable. Check the measurement used			F request, complete Sections A, B,and (
<ol><li>Provide elevation information for t grade (HAG) and the lowest adjac</li></ol>	the following and check the appropriate bo ent grade (LAG).	oxes to show who	ether the elevation is	above or below the highest adjacent
			feet mete	KINNE STOREST SEED SEED SEED SEED SEED SEED SEED S
	ermanent flood openings provided in Secti			
	2.b in the diagrams) of the building is		feet mete	
3. Attached garage (top of slab) is	* *		☐ feet ☐ mete	ers above or below the HAG.
4. Top of platform of machinery and	or equipment servicing the building is		☐ feet ☐ mete	ers $\square$ above or $\square$ below the HAG.
	imber is available, is the top of the botton Unknown. The local official must certify th			e community's floodplain management
SECTIO	N F - PROPERTY OWNER (OR OW	NER'S REPRES	SENTATIVE) CERT	TIFICATION
	ized representative who completes Sections in Sections A, B, and E are correct to Representative's Name			EMA-issued or community-issued BFE) o
ddress	Representative 3 Name	Oit.		710.0-1-
uuress		City	Sta	te ZIP Code
ignature	F	Date	Tel	ephone
omments			=1	
Ę			)	Check here if attachments.
	SECTION G – COMMUNITY	INFORMATION	(OPTIONAL)	
	aw or ordinance to administer the commun te the applicable item(s) and sign below. Ch			
1. The information in Section C	was taken from other documentation the	at has been sign	ed and sealed by a I	icensed surveyor, engineer, or architect
V4 MACA 9500 - 18 - CHARLES 9910 BENEVISIONE AND	certify elevation information, (Indicate the ed Section E for a building located in Zone			SWALES STORY OF THE AND
	ems G4-G10) is provided for community			inty located Bi Ey of Estito No.
4. Permit Number	G5. Date Permit Issued	G6	. Date Certificate Of	Compliance/Occupancy Issued
7. This permit has been issued for:	: ☐ New Construction ☐ Substanti	ial Improvement		
			☐ feet ☐ meter	
9. BFE or (in Zone AO) depth of floo			feet meter	
10.Community's design flood elevati	ion:		☐ feet ☐ meter	rs Datum
ocal Official's Name		Title		
ommunity Name		Telephone		
ignature		Date		
Comments				
B 7 2				_
				Check here if attachments

#### **ELEVATION CERTIFICATE**, page 3

#### **BUILDING PHOTOGRAPHS**

See Instructions for Item A6.

IMPORTANT: In these spaces, copy	FOR INSURANCE COMPANY USE	
Building Street Address (including Ap 502 Camille Circle	Policy Number:	
<sup>City</sup> Waveland	State ZIP Code MS 39576	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.

Front view 05/09/2016



### **ELEVATION CERTIFICATE**, page 4

### **BUILDING PHOTOGRAPHS**

Continuation Page

IMPORTANT: In these spaces, copy th	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt. 502 Camille Circle	Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No.	Policy Number:	
City Waveland	State ZIP Code MS 39576	Company NAIC Number:	

If submitting more photographs than will fit on the preceding page, affix the additional photographs below. Identify all photographs with: date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8.

Rear view 05/09/2016



#### U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

## **ELEVATION CERTIFICATE**

IMPORTANT: Follow the instructions on pages 1-9.

OMB No. 1660-0008 Expiration Date: July 31, 2015

-						FO	FOR INSURANCE COMPANY USE			
A1.	A1. Building Owner's Name The Housing Authority of the City of Waveland					Pol	Policy Number:			
A2.	Building Street Address 502 Camille	ess (including Apt <b>Circle</b>	., Unit, Suite, and/	or Bldg.			),	-	mpany NAIC Numbe	er:
	City Waveland  State MS  ZIP Code 3  A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)						<sup>Code</sup> 39576			
A3.	Property Description Part of Tax Parce				, Legal Descriptio	n, etc.)				
A6. A7. A8.	c) Total net area of t d) Engineered flood NFIP Community Nam	Lat. 30d17'14 2 btographs of the barber 1A crawlspace or en from the following crawlspace or en from the flood opening in the flood openings?	puilding if the Certicologue(s): nclosure(s): ngs in the crawlspa ve adjacent grade A8.b Yes No  TION B – FLOOR	Long. ficate is  na  ce na na	sq ft sq in  RANCE RATE I B2. County Nam	A9. For a I  A9. For a I  a) Sq b) Nu wit c) Tot d) En	surance.  building with an uare footage of mber of permar thin 1.0 foot about all net area of fligineered flood of	attach attach nent flo ove ad ood op openir	hed garage ood openings in djacent grade penings in A9.b ngs? Yes	na sq ft the attached garage na na sq in ⊠No
B4.	City of Waveland 2 Map/Panel Number	285262 B5. Suffix	B6. FIRM Index D	ate	Hancock B7. FIRM Panel I	Effective/	B8. Flood Zon	e(s)	Ms B9. Base Flood	Elevation(s) (Zone
	28045C0342	D	10/16/200	9	Revised Date 10/16/20	е	AE	` '	AO, use bas	se flood depth)
811	Indicate the source of FIS Profile	IRM Comm tum used for BFE d in a Coastal Ba	Elevation (BFE) da unity Determined in Item B9: [ arrier Resources Sy	ta or bas Oth NGVD stem (Cl	se flood depth en ner/Source: 1929 🔀 NAV	tered in Iten 'D 1988	n B9:			
	Doorgination Date:		N C - BUILDIN			AATION (S	LIDVEY DEAL	HDEF	31	
	Building elevations an *A new Elevation Cer Elevations – Zones A C2.a–h below accord	re based on: tificate will be red 1–A30, AE, AH, A ing to the building	Construction quired when construction (with BFE), VE, V1-g diagram specified	Orawings uction of V30, V ( I in Item	* 🔀 Buildi f the building is c with BFE), AR, AR A7. In Puerto Ric	ng Under Co omplete. /A, AR/AE, o only, ente	onstruction*  AR/A1–A30, AR r meters.		Finished Constru	
	Benchmark Utilized: _ Indicate elevation dat Datum used for buildi a) Top of bottom floo b) Top of the next hig	tum used for the ing elevations mu r (including baser	elevations in items ast be the same as	a) throu that use	igh h) below.   ed for the BFE.	Datum: <u>NA</u> NGVD 1929 19 . 6 na .	NAVD 198 Check the	meas eet	Other/Source: _ surement used.  meters	
	c) Bottom of the lower		uctural member (V	Zones o	nly)	<u>na</u>	fe		meters	
	<ul> <li>d) Attached garage (t</li> <li>e) Lowest elevation of (Describe type of e</li> </ul>	of machinery or e	quipment servicing cation in Comment		ding	<u>na</u> . 19 . 5	fe		☐ meters ☐ meters	
	<ul><li>f) Lowest adjacent (f</li><li>g) Highest adjacent (</li><li>h) Lowest adjacent g</li><li>structural support</li></ul>	finished) grade n	ext to building (HAC	G)	cluding	19 . 0 19 . 3 na .	⊠ fe ⊠ fe ∏ fe	eet	☐ meters ☐ meters ☐ meters	
*************	ero layeth otto manna statement, an augus	SECTI	ION D - SURVE	OR, EN	NGINEER, OR A	RCHITEC	T CERTIFICA	TION		
inform I unde 🔀 Che	ertification is to be signation. I certify that the erstand that any false seck here if comments eck here if attachment	gned and sealed e information on t statement may be are provided on t	by a land surveyor, his Certificate repre punishable by fine pack of form.	enginee esents m or impri Were lat	r, or architect aut	horized by la nterpret the 8 U.S. Code,	aw to certify ele- data available. Section 1001.	vation		A. LILES OPROFESSION REVERSE
	ier's Name A. Liles				O verticina e contacta de contacta e contacta	License Nu 3174	mber	**********	1 / Ser	BLAGE 4
Title Profe	essional Surveyor			Compan Macha	y Name do Patano	10174			02	JIS FZOID
Addre 1641	ss Popps Ferry Road	I, Suite A-4		<sup>City</sup> Biloxi		State MS	ZIP Code 39532		O. C.	PS-3174
Signa		Ø		Date 02/15/2	2016	Telephone (228) 388		************	1	OF MISSISSIM

### **ELEVATION CERTIFICATE**, page 2

IMPORTANT: In these spaces, copy the corre	esponding information from Sec	tion A.		FOR INSURANCE COMPANY USE
Building Street Address (including Apt., Unit, S 502 Camille Circle	Suite, and/or Bldg. No.) or P.O. F	Route and Box No.		Policy Number:
City Waveland	State MS	ZIP Code 39576		Company NAIC Number:
	URVEYOR, ENGINEER, OR			
Copy both sides of this Elevation Certificate for				
Comments C2a= building slab elevation.	C2e= proposed air condition	ner pad. C2f and	g)=existing grade	es
Signature 40/1/	<del></del>	Date 02/15/2	016	
SECTION E – BUILDING ELEVATION	N INFORMATION (SUDVEY			AND ZONE A (WITHOUT DEE)
For Zones AO and A (without BFE), complete It- For Items E1–E4, use natural grade, if available	ems E1–E5. If the Certificate is	intended to suppor	t a LOMA or LOMR	
E1. Provide elevation information for the follow grade (HAG) and the lowest adjacent grade	ring and check the appropriate leg (LAG).		105.00	s above or below the highest adjacent
a) Top of bottom floor (including basement			feet met	
b) Top of bottom floor (including basement	Market and the second second second	tion A Items C and	feet met	
E2. For Building Diagrams 6–9 with permanent the next higher floor (elevation C2.b in the		ction A items 8 and/	or 9 (see pages 8- feet ☐ met	A STATE OF THE STA
E3. Attached garage (top of slab) is	alagramo) of the bulluling is		☐ feet ☐ met	
E4. Top of platform of machinery and/or equip	ment servicing the building is		☐ feet ☐ met	
E5. Zone AO only: If no flood depth number is				
SECTION F - P	ROPERTY OWNER (OR OW	/NER'S REPRES	ENTATIVE) CER	TIFICATION
The property owner or owner's authorized repre Zone AO must sign here. The statements in Se				FEMA-Issued or community-Issued BFE) or
Property Owner or Owner's Authorized Represe	ntative's Name			
Address		City	St	ate ZIP Code
Signature		Date	Te	elephone
Comments		2		
				Check here if attachments.
	SECTION G - COMMUNITY	INFORMATION	(OPTIONAL)	The second secon
The local official who is authorized by law or ord G of this Elevation Certificate. Complete the app				
<ul> <li>G1.  The information in Section C was tak who is authorized by law to certify ele</li> <li>G2.  A community official completed Section</li> </ul>	evation information. (Indicate then on E for a building located in Zo	ne source and date ne A (without a FEM	of the elevation da A-issued or commu	ata in the Comments area below.)
G3.   The following information (Items G4–				
G4. Permit Number	G5. Date Permit Issued	G6.	Date Certificate Of	Compliance/Occupancy Issued
		ntial Improvement	п	
G8. Elevation of as-built lowest floor (including			☐ feet ☐ mete	
G9. BFE or (in Zone AO) depth of flooding at the G10. Community's design flood elevation:	ne bullaing site:		☐ feet ☐ mete	
				or buttin
Local Official's Name		Title		
Community Name		Telephone		- La III
Signature		Date		
Comments			A	aren en e
				Check here if attachments.

# U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY

National Flood Insurance Program

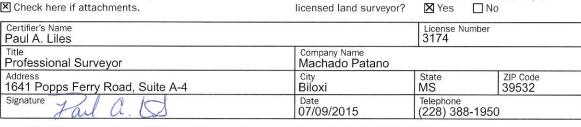
## **ELEVATION CERTIFICATE**

IMPORTANT: Follow the instructions on pages 1–9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

502	2. Camille Circle SECTION A - PROPERTY INF	FORMATION	FOR INSURANCE COMPANY USE
A1.	Building Owner's Name The Housing Authority of the City of Waveland		Policy Number:
A2.	Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route a 500 Camille Court, Building No. 6	and Box No.	Company NAIC Number:
	City Waveland State	MS	ZIP Code 39576
A3.	Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description Part of Tax Parcel #162H-0-03-018.00		
	Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Resider		
	Latitude/Longitude: Lat. <u>30d17'14.4"</u> Long. <u>89d22'46.8"</u>		I Datum: ☐ NAD 1927 ■ NAD 1983
A7.	Attach at least 2 photographs of the building if the Certificate is being used to obta Building Diagram Number <u>1A</u>	in flood insurance.	
A8.	200	A9. For a building with an a	
	a) Square footage of crawlspace or enclosure(s)  na sq ft b) Number of permanent flood openings in the crawlspace	a) Square footage of a	
	or enclosure(s) within 1.0 foot above adjacent grade	within 1.0 foot abov	ent flood openings in the attached garage ve adjacent gradena
	c) Total net area of flood openings in A8.b sq in	c) Total net area of flo	
	d) Engineered flood openings?	d) Engineered flood or	
D4	SECTION B – FLOOD INSURANCE RATE M.  NFIP Community Name & Community Number B2, County Name	AP (FIRM) INFORMATI	
	City of Waveland 285262 Hancock		B3. State Ms
B4.	Map/Panel Number B5. Suffix B6. FIRM Index Date B7. FIRM Panel Ef Revised Date	fective/ B8. Flood Zone	(s) B9. Base Flood Elevation(s) (Zone AO, use base flood depth)
	28045C0342 D 10/16/2009 10/16/200	09 AE	18
B10	Indicate the source of the Base Flood Elevation (BFE) data or base flood depth ente.  ☐ FIS Profile ☐ FIRM ☐ Community Determined ☐ Other/Source:	red in Item B9:	
B11	Indicate elevation datum used for BFE in Item B9: ☐ NGVD 1929 ☑ NAVD	1988 D Other/Source	e:
	Is the building located in a Coastal Barrier Resources System (CBRS) area or Other		
	Designation Date:/ CBRS		_
	SECTION C – BUILDING ELEVATION INFORMA	ATION (SURVEY REQUI	IRED)
C1.	Building elevations are based on:	g Under Construction* mplete.	☐ Finished Construction
C2.	Elevations – Zones A1–A30, AE, AH, A (with BFE), VE, V1–V30, V (with BFE), AR, AR/A (C2.a–h below according to the building diagram specified in Item A7. In Puerto Rico	only, enter meters.	AH, AR/AO. Complete Items
		atum: <u>NAVD 1988</u>	=
	Indicate elevation datum used for the elevations in items a) through h) below. $\square$ N Datum used for building elevations must be the same as that used for the BFE.	GVD 1929 <b>☒</b> NAVD 1988	Other/Source:
	STATE OF STA		measurement used.
		<u>19</u> . <u>5</u> ⊠ fee	
		<u>na</u> fee	
		<u>na.</u> ∏ fee na. ∏ fee	
			District (1997)
	(Describe type of equipment and location in Comments)		et meters
	,	<u>17</u> . <u>2</u> ⊠ fee	No. 18
		<u>17</u> . <u>5</u> <b>⊠</b> fee	
	h) Lowest adjacent grade at lowest elevation of deck or stairs, including structural support	<u>na</u> fee	et meters
	SECTION D – SURVEYOR, ENGINEER, OR AF	RCHITECT CERTIFICAT	TON
This c	ertification is to be signed and sealed by a land surveyor, engineer, or architect author	orized by law to certify eleva	ation
	nation. I certify that the information on this Certificate represents my best efforts to interstand that any false statement may be punishable by fine or imprisonment under 18		15818888888888
	eck here if comments are provided on back of form.  Were latitude and longitude		Man All Mineral Land
5. T 32		☐ Yes ☐ No	AND PROFESSION





IMPORTANT: In these spaces, copy the c					COMPANY USE
Building Street Address (including Apt., Un 500 Camille Court, Building No. (	6			Policy Number:	
City Waveland	State <b>MS</b>	ZIP Code 39576		Company NAIC Nui	mber:
SECTION D	- SURVEYOR, ENGINEER, OR	ARCHITECT CE	RTIFICATION (	CONTINUED)	
copy both sides of this Elevation Certificat	e for (1) community official, (2) insu	rance agent/comp	any, and (3) buildi	ing owner.	
Comments C2e= proposed air condition	oner pad				
C2f and g)=existing grades	3				
Signature Tall A 1		Date 07/09/2	.015		
SECTION E - BUILDING ELEVAT	TION INFORMATION (SURVEY			O AND ZONE A	WITHOUT BFE)
or Zones AO and A (without BFE), complet or Items E1–E4, use natural grade, if avai	e Items E1–E5. If the Certificate is i	ntended to suppor	t a LOMA or LOM		
1. Provide elevation information for the fo	llowing and check the appropriate b		N	is above or below th	ne highest adjacent
grade (HAG) and the lowest adjacent grade (HAG) and the lowest adjacent grade). Top of bottom floor (including basem	CONTRACTOR		☐ feet ☐ me	iters Dahove or	☐ below the HAG.
b) Top of bottom floor (including basem	ANANAMISTA POTRICAMI ESSA DE PORTUGA POR SERVICIA DE LA PORTUGA DE PROPERTA POR LA PROPERTA DE LA PROPERTA DEL PROPERTA DE LA PROPERTA DEL PROPERTA DE LA PROPERTA DEL PROPERTA DEL PROPERTA DEL PROPERTA DE LA PROPERTA DE LA PROPERTA DEL PROPERTA DE LA PROPERTA DEL PROP		☐ feet ☐ me	\$66.000 (0.000 )   Carrier   Carrier	below the LAG.
2. For Building Diagrams 6–9 with permar					
the next higher floor (elevation C2.b in			☐ feet ☐ me		below the HAG.
3. Attached garage (top of slab) is			☐ feet ☐ me		below the HAG.
4. Top of platform of machinery and/or ed	quipment servicing the building is		☐ feet ☐ me	ters above or	below the HAG.
5. Zone AO only: If no flood depth number		n floor elevated in	accordance with t		odplain management
SECTION F -	PROPERTY OWNER (OR OW	NER'S REPRES	ENTATIVE) CEF	RTIFICATION	
he property owner or owner's authorized rone AO must sign here. The statements in roperty Owner or Owner's Authorized Repr	n Sections A, B, and E are correct to	ns A, B, and E for the best of my kn	Zone A (without a owledge.	FEMA-issued or cor	nmunity-issued BFE) (
ddress		City	S	tate ZIP C	ode
gnature		Date	Т	elephone	
omments					
					here if attachments.
	SECTION G – COMMUNITY	INFORMATION	(OPTIONAL)		
ne local official who is authorized by law or of this Elevation Certificate. Complete the	ordinance to administer the commun	ity's floodplain mar	agement ordinand		
<ol> <li>☐ The information in Section C was</li> </ol>					
who is authorized by law to certify	elevation information. (Indicate the	e source and date	of the elevation of	data in the Commer	its area below.)
<ol> <li>A community official completed Se</li> <li>The following information (Items 0)</li> </ol>	strategy which the Action is 1903 - Administration of the Control Control Action Andrew Control Control	Property Constitution (Attended Attended Attende		nunity-issued BFE) or	r Zone AO.
4. Permit Number	G5. Date Permit Issued			of Compliance/Occu	pancy Issued
7. This permit has been issued for:	 ] New Construction ☐ Substant	ial Improvement		The second section of the sect	
B. Elevation of as-built lowest floor (inclu	프로 - 1는 1.13 1.14 (		☐ feet ☐ met	ers Datum	
9. BFE or (in Zone AO) depth of flooding	at the building site:		☐ feet ☐ met	ers Datum	
10.Community's design flood elevation:	==		☐ feet ☐ met	ers Datum	
cal Official's Name		Title	1.0161 100-3		
ommunity Name		Telephone			
gnature		Date			
omments			- Target of the same state of		
				Check	here if attachments